

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP		
1	1							
2		1						
3								
4		1						
5		1						
6								
7		1						
8		1						
9								
10								
11								
12								
13								
14	1							
15								
16								
17								
18								
19								
20								
21								
22								
23		1						
24								
25	1							
26		1						
27		1						
28								
29								
30	1							
31		1						
32								
33			1					
34								
35								
36			1					
37			1					
38			1					
39								
40								
41								
42								
43	1							
44			1					
45								
46			1					
47			1					
48								
49			1					
50			1					
TOTAL IND.							5	
TOTAL DEP.							22	
TOTAL CLAIMS							27	